

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013883

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

164

Primary Registration District No.

5598

3032

Registrar's No.

5354

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerview Township		c. CITY OR TOWN Centerview # 2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Centerview		d. STREET ADDRESS (If outside, give location) Centerview # 2	
3. NAME OF DECEASED (Type or print) First Maurice Middle Preston Last Halley		4. DATE OF DEATH Month 4 Day 18 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/22/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		11. BIRTHPLACE (City and state or country) Saline County, Mo.	
13a. FATHER'S NAME William Preston Halley		14. NAME OF HUSBAND OR WIFE Jessie Jorman Halley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes World War I		16. SOCIAL SECURITY NO. 486-36-2018	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH Years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12-15-51 Month 4 Day 18 Year 59		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HA		20f. CITY, TOWN, OR LOCATION Warrensburg, Mo.	
21. I attended the deceased from 12-15-51 to 4-18-59 and last saw him alive on 4-13-59		22. DATE SIGNED 4/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 20, 1959	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
24. FUNERAL DIRECTOR Sweeney-Phillips		25. DATE RECD. BY LOCAL REG. Apr. 19, 1959	
26. REGISTRAR'S SIGNATURE Savannah Butchfield			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 1 2 1961

APR 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address. *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.